

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 574921

FILING DATE

04-07-06

APPLICANT(S)

Article 19

**CLAIMS**

	<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>		<b>AFTER 2<sup>ND</sup> AMENDMENT</b>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7	1	-				
8	1	-				
9	1	-				
10	1	-				
11	1	-				
12		1				
13		1				
14		1				
15		1				
16		1				
17	1	-				
18		1				
19		1				
20		1				
21		1				
22	1	-				
23	1	-				
24	1	-				
25	1	-				
26	1	-				
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	14					
TOTAL CLAIMS	26					

	<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>		<b>AFTER 2<sup>ND</sup> AMENDMENT</b>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						